FEC FORM 2 STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE PUBLIC RECORDS

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I. (a) Name of Candidate (in full)	···									
Deborah K Ross										
(b) Address (number and street) P.O. Box 28258	☐ Check if address changed			2.	2. Candidate's FEC Identification Number					
(c) City, State, and ZIP Code					3.	ls This		New		✓ Amended
Raleigh		NC	2761			Statem		- (N)	OR	人 (A)
Party Affiliation	5. Office Sought	-		6. State & Dis	strict (ate			
DEMOCRATIC PARTY	Senate			NC		00				
DI	SIGNATION O	F PRING	CIPAL	CAMPAIG	N C	OMMI	TTEE	;		
I hereby designate the following na	med political committ	ee as my P	rincipal (Campaign Com	nmitte	e for the	201 (year c	6 f electio	election	on(8).
NOTE: This designation should be	filed with the appropr	iate office li	sted in t	ne instructions.	•					
(a) Name of Committee (In full)										
Deborah Ross for S	Senate									
(b) Address (number and street) P.O. Box 28258		· · · · ·								
(c) City, State, and ZIP Code				· -	-					<u> </u>
Raleigh				NC		27611				
	•	_		g Representat	-					an babalf of m.
 I hereby authorize the following na candidacy. 	med committee, whic	h is NOT m	y princip	al campaign co	ommi	ttee, to re	ceiv o a	nd expe	nd funds	on behalf of my
NOTE: This designation should be	filed with the principa	ıl campaign	committ	88.						
(a) Name of Committee (in full)			_							
NORTH CAROLIN	A SENATE 20	016								
(b) Address (number and street) 120 MARYLAND AVENUE N	E		•				-			
(c) City, State, and ZIP Code					-					
WASHINGTON				DC		20002				
I certify that I have ex	amined this Stateme	nt and to th	e best of	my knowledge	and	belief it is	true, c	orrect a	nd comp	lete.
ilgnature of Candidate					0)ate				
Deborah K Ross					ł	10/20/20	16			
						10/20/20	10			
IOTE: Submission of false, erroneou	s, or incomplete infor	mation may	subject	the person sign	ning (his State	nent to	penaltie	es of 2 U.	S.C. §437g.
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
	OF OTHER AUTHORIZED COMMITT duding Joint Fundraising Representatives)	TEES [ADDITIONAL]
I hereby authorize the following named committee, which is N candidacy.	NOT my principal campaign committee, to receive and	expend funds on behalf of my
NOTE:This designation should be filed with the prin	ncipal campaign committee.	
(a) Name of Committee (in full) WOMEN ON THE ROAD 2016	· · · · · · · · · · · · · · · · · · ·	
(b) Address (number and street) 120 MARYLAND AVENUE NE		
(c) City, State and ZIP Code		
WASHINGTON	DC 2000	
	OF OTHER AUTHORIZED COMMIT cluding Joint Fundraising Representatives)	TEES [ADDITIONAL]
I hereby authorize the following named committee, which is no candidacy.	NOT my principal campaign committee, to receive and	expend funds on behalf of my
NOTE: This designation should be filed with the pri	ncipal campaign committee.	
(a) Name of Committee (in full) ROSS VICTORY FUND	, , , , , , , , , , , , , , , , , , , ,	
(b) Address (number and street) 1289 FORDHAM BLVD STE 197		
(c) City, State and ZIP Code		
CHAPEL HILL	NC 2751	4
	OF OTHER AUTHORIZED COMMITI	TEES [ADDITIONAL]
I hereby authorize the following named committee, which is N candidacy.	NOT my principal campaign committee, to receive and	expend funds on behalf of my
NOTE:This designation should be filed with the price	ncipal campaign committee.	
(a) Name of Committee (in full)		
SCHUMER COMMITTEE FOR	THE MAJORITY	
(b) Address (number and street) 120 MARYLAND AVENUE NE		
(c) City, State and ZIP Code		
WASHINGTON	DC 2000	2

KOREL BEREER BEREER

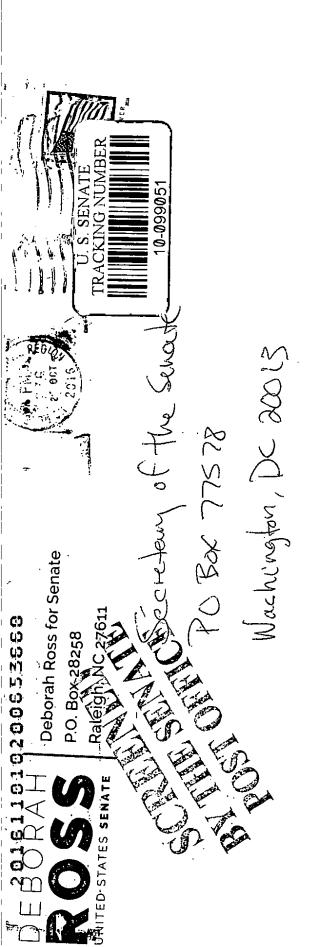
FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 3 /
	OF OTHER AUTHORIZED Control of the C		[ADDITIONAL]
I hereby authorize the following named committee, which is a candidacy.	NOT my principal campaign committee, to	receive and expend fund:	s on behalf of my
NOTE: This designation should be filed with the pri	ncipal campaign committee.		
(a) Name of Committee (in full) BLUE SENATE 2016			
(b) Address (number and street) 918 PENNSYLVANIA AVE SE			
(c) City, State and ZiP Code		*** *********************************	
WASHINGTON	DC	20003	
	OF OTHER AUTHORIZED C		[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to	receive and expend fund	s on behall of my
NOTE: This designation should be filed with the pri	incipal campaign committee.		
(a) Name of Committee (in full) WOMEN SENATE VICTORY 2	2016	 ,	<u></u>
(b) Address (number and street) 918 PENNSYLVANIA AVE SE			· · · · · · · · · · · · · · · · · · ·
(c) City, State and ZIP Code			
WASHINGTON	DC	20003	
	OF OTHER AUTHORIZED C		[ADDITIONAL]
I hereby authorize the following named committee, which is a candidacy.	NOT my principal campaign committee, to	receive and expend fund	s on behalf of my
NOTE:This designation should be filed with the pri	incipal campaign committee.		
(a) Name of Committee (in full)	·		
JUSTICE 2016			
(b) Address (number and street) 918 PENNSYLVANIA AVE SE	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
(c) City, State and ZIP Code			
WASHINGTON	DC	20003	

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FEC Form 2 (Rev. 02/2003)		Page 4 /
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	pehall of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full) NEVADA NORTH CARC	DLINA VICTORY FUND	·
(b) Address (number and street) 918 PENNSYLVANIA AVE SE		
(c) City, State and ZIP Code		
WASHINGTON	DC 20003	
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundreising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE:This designation should be filed w	ith the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE:This designation should be filed w	ith the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		



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United States Senate

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OFFICE OF PUBLIC RECORDS

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